

SECRET  
(When Filled In)

DATE PREPARED

2 January 1970

REQUEST FOR PERSONNEL ACTION															
1. SERIAL NUMBER		2. NAME (Last-First-Middle)													
024345		PHILLIPS, DAVID A.													
3. NATURE OF PERSONNEL ACTION								4. EFFECTIVE DATE REQUESTED		5. CATEGORY OF EMPLOYMENT					
REASSIGNMENT								MONTH	DAY	YEAR	REGULAR				
6. FUNDS		V TO V		V TO CF				01	11	70	8. LEGAL AUTHORITY (Completed by Office of Personnel)				
		CF TO V	X	CF TO CF				0135 0694							
9. ORGANIZATIONAL DESIGNATIONS								10. LOCATION OF OFFICIAL STATION							
DDP/WH FOREIGN FIELD BRANCH 5 16-20 RIO DE JANEIRO, BRAZIL STATION								16-20 RIO DE JANEIRO, BRAZIL							
11. POSITION TITLE								12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION					
1st SECRETARY, POLITICAL OFFICER								0186		D					
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP			17. SALARY OR RATE						
FSR GS			0136.05			03 7 16 4			\$23,646.. \$27,549.						
18. REMARKS															
FROM: DDP/WH/COG/OFF OF THE CH/POS #1105 HOME BASE WH APPROVED 259a attached															
1 - Finance 2 - Security															
18A. SIGNATURE OF REQUESTING OFFICIAL				DATE SIGNED		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER				DATE SIGNED					
HENRY L. BERTHOLD C/WH/Pers															
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL															
19. ACTION CODE	20. EMPLOY. CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGRATED CODE	24. HQTRS. CODE	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI				
		NUMERIC	ALPHABETIC				MO.	DA.	YR.	MO.	DA.	YR.	MO.	DA.	YR.
28. NTE EXPIRES		29. SPECIAL REFERENCE	30. RETIREMENT DATA			31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA			EOD DATA	33. SECURITY REQ. NO.		34. SEX		
MO.	DA.		YR.	1-CSC 2-ORGN 3-FICA 4-NONE	CODE		TYPE	MO.	DA.		YR.				
35. VET. PREFERENCE		36. SERV. COMP. DATE		37. LONG. COMP. DATE		38. CAREER CATEGORY		39. FEGLI/HEALTH INSURANCE			40. SOCIAL SECURITY NO.				
CODE	0-NONE 1-5 PT. 2-10 PT.	MO.	DA.	YR.	MO.	DA.	YR.	CAR/RESV PROV/TEMP	CODE	CODE	0-WAIVER 1-YES	HEALTH INS. CODE			
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE						42. LEAVE CAT. CODE	43. FEDERAL TAX DATA			44. STATE TAX DATA					
CODE	0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)						FORM EXECUTED	CODE	NO. TAX EXEMPTIONS		FORM EXECUTED	CODE	NO. TAX EXEMP.	STATE CODE	
1-YES 2-NO										1-YES 2-NO					
45. POSITION CONTROL CERTIFICATION						46. O.P. APPROVAL			RETURN TO CIA Background Use Only Do Not Reproduce			DATE APPROVED			

**SECRET**  
*(When Filled In)***EMPLOYEE NOTICE OF RESIGNATION**I RESIGN EFFECTIVE \_\_\_\_\_ FOR THE FOLLOWING REASON:  
*(Date)*

MY LAST WORKING DAY WILL BE—	DATE SIGNED	SIGNATURE OF EMPLOYEE
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FORWARD COMMUNICATIONS, INCLUDING SALARY CHECKS AND BONDS, TO THE FOLLOWING ADDRESS (Number, Street, City, State, Zip Code)

**INSTRUCTIONS**

Items 1 thru 7  
and  
Items 9 thru 18a } — The initiating office should fill in each of the referenced items. Items 3 thru 7 and 9 thru 18 require information which pertains *only* to the action requested, and NOT to the current status of the employee unless specific items remain unchanged.

Item 5 — "Category of Employment" should show one of the following entries:

Regular	Summer	WAE
Part Time	Detail Out	Consultant
Temporary	Detail In	Military
Temporary-Part Time		

Item 9 — "Organizational Designations" should show *all* levels of organization pertinent to identifying the location of the position:

FIRST LINE      **Major Component (Director, Deputy Director, etc.)**  
**Office, Major Staff, etc.**

Foreign Field or U.S. Field (*if pertinent*)  
 Division or Staff (*subordinate to first line*)  
 Branch  
 Section  
 Unit

Items 11 and 15 — "Position Title" and "Occupational Series" should be the standard abbreviated title and corresponding occupational series in Handbook of Official Occupational Titles and Codes for the duties actually to be performed by the employee. If different from the title and series of the position occupied as shown on the most current edition of the Position Control Register or Form 261, Staffing Complement Change Authorization, explain under Item 18—Remarks.

Item 18b — Signature should be that of the official authorized to approve for the Career Service to which the employee belongs. If more than one Career Service is involved, *the gaining Career Service should approve* and the other Career Service should concur in Item 18, Remarks.

**ROUTING**— The original only of this form will be forwarded to the Office of Personnel *through* the appropriate Career Service official(s). In the case of requests specified in HB 20-800-1, which require advance approval of or notification to the Office of Security or the Office of Finance, one copy only will be sent to the Office(s) concerned.

**SECRET**